

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048733

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

11908

1003

11908

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

199 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY

c. CITY OR TOWN JACKSONVILLE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

331 FULTON STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
ELMO H. SETTLES

4. DATE OF DEATH

Month Day Year
12/11/62

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/9/15

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

CLAY CITY, ILLINOIS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GEORGE SETTLES

13b. MOTHER'S MAIDEN NAME

EDNA WILLIAMS

14. NAME OF HUSBAND OR WIFE

LOIS SETTLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

LOIS SETTLES (WIDOW) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY TUBERCULOSIS

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

POST OP THOROCOPLASTY AND PNEUMONECTOMY

DUE TO (c)

0021

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 5/26/62 to 12/11/62 and last saw him alive on 12/11/62

Death occurred at 8:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

JAMES M. GIFFE (Degree or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

12/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-13-62

23c. NAME OF CEMETERY OR CREMATORY

Ebenezer Cemetery

23d. LOCATION (City, town, or county)

Road Dist. #7, Morgan County

24. FUNERAL DIRECTOR

ADDRESS Illinois

Harlan Williamson, Jacksonville

25. DATE RECD. BY LOCAL REG.

DEC 12 1962

26. REGISTRAR'S SIGNATURE

Adair Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1

2 12027

3

4 0

5 1

6

7 1

8 1

9

10

11

12 83-0

13

83

APR 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald H. Larkin

Licensed Embalmer No. 5197

P. O. Address E. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT; he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.